Request for Applications

RFA # *A382*

North Carolina Partnerships to Increase Colorectal Cancer Screening

(NC PICCS)

FUNDING ORGANIZATION: North Carolina Department of Health and Human Services
Division of Public Health
Chronic Disease and Injury Section/Cancer Prevention and Control Branch

ISSUE DATE: February 1, 2021

DEADLINE DATE: March 19, 2021

INQUIRIES and DELIVERY INFORMATION:
Direct all inquiries concerning this RFA to:
Tavonyia.thompson@dhhs.nc.gov

Only electronic applications will be accepted via email attachment as one consolidated .pdf file.

Send all applications directly to the funding organization address as indicated below:

Email address: tavonyia.thompson@dhhs.nc.gov

IMPORTANT NOTE: Indicate organization name and RFA number on the footer of each page alongside the page number.

Include your organization name and the RFA number in your email subject line when submitting questions or your application.

RFA Table of Contents

I. INTRODUCTION

PURPOSE

The purpose of this Request for Applications (RFA) is to solicit applications from eligible Federally Qualified Health Centers (FQHC) to contract with the North Carolina Cancer Prevention and Control Branch (the Branch) to implement evidence-based colorectal cancer (CRC) screening interventions for eligible patients aged 50 to 75 at average risk of colorectal cancer resulting in improved screening rates. The successful applicants will work with the North Carolina Partnerships to Improve Colorectal Cancer Screening (NC PICCS) team consisting of the University of North Carolina - Chapel Hill Lineberger Comprehensive Cancer Center (UNC), the American Cancer Society (ACS) and the Branch.

ELIGIBILITY

1. The applicant must be an FQHC or FQHC Look-Alike* with two or more primary care clinic locations per year capable of performing evidence-based colorectal cancer (CRC) screenings by a stool-based test such as the Fecal Immunochemical Test (FIT)/ Fecal Occult Blood Test (FOBT) (referred to a positive stool test). Test results are verified either by Clinical Laboratory Improvement Amendments (CLIA) regulations on site or through a licensed reference lab. The FQHC must have access to clinic level data as data submissions are mandatory.
2. Applicants must have a CRC screening rate of less than 60%.
3. Applicants must have participated in or currently engaged with the ACS Colorectal Cancer Quality Improvement Learning Collaborative (ACS QI CRC Learning Collaborative).

NOTE: Local Health Departments are not eligible for this pool of funding. More details on who should apply can be found in Section III: Scope of Services.

* **FQHC Look-Alike**: A health system that meets all the requirements of an FQHC but does not receive any federal funds.

FUNDING

Funding is received through a competitive cooperative agreement from the Centers for Disease Control and Prevention (CDC). The Branch receives funding from the CDC to carry out the NC PICCS activities.

The project period for CRC Project is June 30, 2021 – June 29, 2023. However, year 1 funding will begin July 1, 2021 and end June 29, 2022. Year 2 funding will begin June 30, 2022 and end June 30, 2023.

The Branch anticipates awarding *two* contracts to FQHC Health Systems with two clinics each for a total award of $33,680 per Health System in year one. In year 2, the selected FQHC Health Systems are required to expand to two additional clinics for a maximum total of $33,680. The total funds available for the two-year contract for *each* FQHC are $67,360.

The $33,680 for each contract year includes fees for each FQHC Health System to participate in the ACS QI CRC Collaborative, enhance clinic infrastructure for quality improvement and evidence-based

intervention (EBI) implementation. Pending Branch approval on a case-by-case basis, the funds may be used for patients who have a first-time positive stool test for follow-up (e.g., diagnostic) colonoscopies for asymptomatic uninsured or underinsured adults age 50-75 years who are screened for CRC by the two selected FQHC clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients. Clinics cannot pay more than the maximum Medicare reimbursement rate of $2,368 per colonoscopy.

II. BACKGROUND

Cancer of the colon and rectum was the fourth most frequently occurring cancer, and the second leading cause of cancer death, in North Carolina (NC) from 2013-2017. While NC has reduced the colorectal cancer CRC mortality rates (15.7 per 100,000 in 2008 to 13.1 per 100,000 in 2018), the state is far from realizing the Healthy NC 2020 target of 10.1 per 100,000 population. In NC, screening is substantially underused in vulnerable and marginalized populations. According to the 2018 NC Behavioral Risk Factor Surveillance System (BRFSS) data, 71.7% of respondents received a CRC screening.

In 2017, the age-adjusted incidence rate for CRC in NC was 31.8 per 100,000 persons per year. Non-White racial groups had an incidence rate of 34.9% compared to 30.5% for Non-Hispanic Whites. Mortality rates were also higher in minority racial groups compared to Non-Hispanic Whites (16.1 % vs. 11.3% respectively), and higher than the state's overall mortality rate of 12.5% (State Center for Health Statistics, 2017).

The burden of incidence and death due to CRC in NC is greatest among African Americans. Between 2010 and 2014, the age-adjusted mortality rate for African American men was 26.3 per 100,000 persons per year compared to an overall mortality rate of 14.1. Other affected minority populations include American Indian and Latinos. As of 2010-2014, the NC American Indian CRC incidence rate was 28.2 per 100,000. Hispanics have both the lowest CRC incidence and mortality rates among all measurable racial/ethnic groups in NC. However, they are the second-most likely group to have their CRC diagnosed at a distant stage (Reducing the Burden of Cancer in North Carolina, 2017).

Of the nearly 610,470 patients served by NC's FQHCs in 2019, the CRC screening rate was only 46.47%. Uninsured, underinsured, and medically underserved populations rely on FQHCs for their healthcare. Approximately 43% of patients served by NC FQHCs are uninsured and thus are particularly likely to benefit from efforts and resources to facilitate their linkages to screening and follow-up colonoscopy.

III. SCOPE OF SERVICES

The Branch intends to implement evidence-based colorectal cancer (CRC) screening interventions at primary care clinics for eligible patients aged 50 to 75 at average risk for colorectal cancer. Applicant must be an FQHC or FQHC Look-Alike with two primary care clinics capable of performing stool-based CRC screening and currently have a CRC screening rate of less than 60%. Applicants must be able to complete a readiness assessment, which requires clinic level data, as well as track the distribution of stool-based kits and provide navigation services to positive stool-based tests. Applicants must also designate a team to work with the NC PICCS team and participate in a quality improvement bootcamp and learning collaborative focused on increasing CRC screening through quality improvement and evidenced based interventions. More details on applicant eligibility can be found later in this section under 'WHO SHOULD APPLY'.

PROGRAM COMPONENTS AND SERVICES

Applicants are expected to provide screening and patient navigation to follow-up services to CRC screening by complying with clinical protocols from the United States Preventive Services Task Force. Professional development will be conducted. Applicants will also use *The Community Guide* to assist in public education and recruitment. Quality assurance, surveillance, and evaluation will be conducted to assess the effectiveness of the activities selected.

Screening and Follow-up Services: Patients aged 50 - 75 at average risk for CRC should complete an annual FIT or FOBT. Numbers of tests distributed and returned shall be tracked.

Patient Navigation: Patients with a positive stool test shall be referred for a follow-up screening colonoscopy, results tracked, and further referral to treatment shall be made if needed.

Professional Development: Participate in trainings on appropriate methods of CRC testing, attend the ACS CRC Quality Improvement Learning Collaborative and monthly conference calls, and attend the North Carolina Community Health Center Association's (NCCHCA) annual Clinical Conference on Quality and Chronic Disease (if held).

Quality Assurance: Includes consultation and technical assistance on quality improvement (QI) tools and processes, review and update of clinical protocols and EBI (Evidence-based Intervention as described in *the Community Guide*) implementation.

Surveillance and Evaluation: Surveillance includes monitoring of data, patient tracking, and evaluation of QI operations and procedures.

Recruitment/Public Education/Communications: Conduct public awareness and local community outreach strategies via community partner-building. Provide education for eligible populations via printed materials, small media or other evidence-based outreach methods described in *The Community Guide*.

Clinical Protocols: CRC screening protocols shall comply with the United States Preventive Services Task Force (USPSFT) recommendations. EBIs will comply with *The Community Guide* recommendations.

PERFORMANCE INDICATORS AND BENCHMARKS

If selected, applicant will be required to provide baseline data at the individual clinic level. Baseline data will encompass demographics and patient population who are eligible for CRC screening, clinic level CRC screening data, and stool test tracking. Data will be required at the end of the program year documenting FIT kit return rate, positive FIT tests, follow-up navigation, and first-time positive stool test colonoscopy completion rates.

A. <u>Baseline Data to be reported at the individual clinic level (one-time)</u>

1. Number and Demographics of patient population aged 50-75 who are eligible for CRC screening.
    a. Total number of clinic patients.
    b. Total number of clinic patients, age 50–75.
    c. Percentage of patients, age 50–75 by gender.
    d. Percentage of patients, age 50–75 who are uninsured.
    e. Percentage of patients, age 50–75 by race and ethnicity.
2. CRC screening rate (numerator, denominator, percentage).
3. FIT/FOBT Stool Testing.
    a. Number of FIT/FOBT tests distributed.
    b. Number of FIT/FOBT tests returned.
    c. Number of positive stool tests.
    d. Number of patients and percent of those with an abnormal result that completed a follow-up colonoscopy.

B. <u>Clinic-level data deliverables (monthly)</u>

1. 12-month rolling year CRC screening rate (numerator/denominator/percentage).
2. FIT/FOBT kit return rate.
    a. Number of kits given out.
    b. Number of kits returned.
3. Colonoscopy completion rate.
    a. Number of patients referred for colonoscopy.
    b. Number of patients completing colonoscopy.
4. Follow-up colonoscopy completion rate (FIT+ patients- a FIT test with a positive result).
    a. Number of patients referred for follow-up colonoscopy.
    b. Number of patients completing follow-up colonoscopy.
    c. Number of patients with follow-up colonoscopy paid for by CDC/NC PICCS funds.
        1. Results of colonoscopies paid for by CDC/NC PICCS funds.
        2. Number of patients diagnosed with CRC.
        3. Number of patients entering treatment.
5. Number of patients navigated.

PERFORMANCE STANDARDS

The applicants are required to meet the following standards of performance. Applicants should demonstrate how they will ensure that these standards are met in their application narrative.

If selected, the applicant shall meet the following requirements:

1. Use Data for Quality Improvement activities
    a. Assess successes and challenges.
    b. Validate and use data to drive selection of EBIs and process improvements.
    c. Complete process maps and Plan-Do-Study-Act (PDSA) cycles for EBI implementation and patient navigation.
    d. Improve/adopt policies and procedures to increase CRC screening rates.
2. Quality Assurance
    a. Follow clinical protocols for colorectal cancer screening as set forth by the United States Preventive Services Task Force.
    b. Adopt EBIs set forth in *The Community Guide.*
    c. Provide/participate in educational programs to ensure providers and staff are educated on clinical protocols, EBIs and implementation.
3. Program Monitoring
    a. Participate in CDC-led data reviews.
    b. Provide success stories.
    c. Provide data as required by the CDC and NC PICCS team.
    d. Participate in quantitative and qualitative evaluation.

REPORTING REQUIREMENTS

If selected, applicants will be required to report CRC screening data, EBI implementation status, quality improvement tools, and participate in focus groups. The list of reporting frequency requirements will vary and are given below:

1. Initial one-time Readiness Assessment.
2. Monthly clinic level CRC screening rates.
3. Monthly report of EBI implementation.
4. Monthly report of QI work which may include Aim Statements, Current and Future State Process Maps, Gap & Root Cause Analysis, PDSAs.
5. Quarterly reports of additional data as requested.
6. Occasional participation in CDC-requested special projects.
7. Occasional participation in UNC focus groups and/or surveys.

WHO SHOULD APPLY:

The applicant must:

1. Be an FQHC or FQHC Look-Alike that will designate two primary care clinic locations per year capable of performing evidence-based CRC screenings by stool-based tests (e.g. FIT/FOBT), either by Clinical Laboratory Improvement Amendments (CLIA) regulations on site or through a licensed reference lab.

2. Have a CRC screening rate of less than 60%.
3. Complete a Readiness Assessment for each clinic and submit the Readiness Assessment with the application. Readiness Assessment is available at Appendix A of this RFA document and can be downloaded from the Branch's website https://bcccp.ncdhhs.gov/.
4. Have the ability to extract clinic-level data from their Electronic Medical Records (EMR) and identify their patient population aged 50 – 75 at average risk for CRC who have not completed an appropriate CRC screening.
5. Have or be willing to build a referral resource for positive screening exams and follow-up diagnostic services.
6. Build systems of care with community networks, identify CRC screening champions, and establish referral sources for low cost or donated services for follow-up colonoscopies and cancer treatment if needed. Applicants shall utilize NC Cares 360 to the extent possible to facilitate referrals. NCCARE360 is a statewide coordinated care network to electronically connect those with identified needs to community resources.
7. Demonstrate the ability to document in patient records; provide data from the EMR to the NC PICCS team.
8. Track stool-based (e.g., FIT/FOBT) tests given out, tests returned and results, case management and follow-up of abnormal CRC screening tests, including navigation to and through a follow-up colonoscopy, tracking of colonoscopy results, and to treatment, if indicated.
9. Designate a representative to serve as the primary liaison with the NC PICCS team. Applicants must have a team of at least three persons to implement EBIs as described in *The Community Guide*, conduct quality improvement activities, implement of improve patient navigation systems and improve the quality of CRC screening data and reporting mechanisms.
10. Be able to devote time and effort to implement evidence-based interventions, participate in quality improvement activities, develop patient navigation systems, and identify community resources for colonoscopy for patients with positive stool tests.
11. Participate in at least monthly hour-long Collaborative meetings and at least monthly hour-long meetings with the NC PICCS team
12. Be able to participate in qualitative and quantitative evaluations of the program as required by the CDC.

NOTE: Local Health Departments are not eligible for this pool of funding.

LENGTH OF CONTRACT

The project period is June 30, 2021 – June 29, 2023. However, year 1 funding will begin July 1, 2021 and end June 29, 2022. Year 2 funding will begin June 30, 2022 and end June 30, 2023.

AVAILABLE FUNDING

Funding is received through a competitive grant from the Centers for Disease Control and Prevention (CDC). The Branch receives funding from the CDC to carry out the NC PICCS activities.

The Branch anticipates awarding *two* contracts to FQHC Health Systems with two clinics each for a total award of $33,680 per Health System in year one. In year 2, the selected FQHC Health Systems are required to expand to 2 additional clinics for a maximum total of $33,680. The total funds available for the two-year contract for *each* FQHC are $67,360.

The $33,680 for each contract year includes fees for each FQHC Health System to participate in the ACS QI CRC Collaborative, enhance clinic infrastructure for quality improvement and EBI implementation. Pending Branch approval on a case-by-case basis, the funds may be used for patients who have a first-time positive stool test for follow-up (e.g., diagnostic) colonoscopies for asymptomatic uninsured or underinsured adults age 50-75 years who are screened for CRC by the two selected FQHC clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients. Clinics cannot pay more than the maximum Medicare reimbursement rate of $2,368 per colonoscopy.

PATIENT ELIGIBILITY

The target population consists of FQHC patients aged 50-75 who are at average risk for CRC at the selected clinic locations. Patients eligible for follow-up colonoscopy must have a first-time positive stool test during the funded project period, be a patient of one of the two selected primary care clinic locations and be uninsured or underinsured to the extent that the cost of the colonoscopy and associated fees serves as a barrier to care.

FUNDING GUIDELINES AND RESTRICTIONS

1. The successful applicant (Contractor) will receive funding not to exceed the amount of $33,680 per year to cover the expenses incurred for patient education, patient navigation, conducting quality improvement activities and providing required reports.

2. Follow-up colonoscopies may be provided at no more than the Medicare Rate of up to $2,368 per colonoscopy, the maximum Medicare reimbursement rate. Patients must have a first-time positive stool test and must be uninsured or underinsured with no other access to colonoscopy.

3. The Contractor must submit Contract Expenditure Reports (CER) by the 10th of each month requesting reimbursement for services rendered in the preceding month. CERs must be submitted even when no expenses are incurred in a given month. Failure to submit monthly sequential reports may delay receipt of reimbursement.

4. A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

5. The total funds awarded must be maintained by the Contractor (FQHC) in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in Performance Measures/Reporting Requirements.

6. Funds must be expended within time frames specified in the contract.

*** Funds may NOT be used for the purchase of FIT kits nor for lab processing of FIT kits.*

PAYMENT FOR SERVICES

1. The reimbursement to the Contractor for any service related to follow-up colonoscopies may not exceed the prevailing Medicare allowable fee for the service. CDC approval is required for colonoscopies paid for with these funds. The CDC money should be considered the funder of last resort.
2. Funds will be paid on a reimbursement basis. A Contract Expense Report (CER) must be submitted monthly, whether reimbursement is needed or not. Invoices or receipts must be provided when applicable. Allowable expenses are:
    a. Medicare Reimbursement Rate for colonoscopy and associated charges.
    b. Professional development expenses such as conference registrations, and mileage, lodging, and per diem not to exceed prevailing state rates.
    c. Program support costs such as EMR enhancements, patient navigation, or QI activities.
3. The Contractor must submit the request for reimbursement by the tenth of each month for expenses incurred during the previous month.

**Funds can NOT be used for the purchase of FIT kits or for lab processing of FIT kits.*

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection
All qualified applications will be evaluated and award made to that organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding organization reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 04/06/2021.

2. Cost of Application Preparation
Any cost incurred by an organization in preparing or submitting an application is the organization's sole responsibility; the funding agency will not reimburse any organization for any pre-award costs incurred.

3. Elaborate Applications
Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations
The funding organization will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data
Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles
Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application
Each application must be submitted on the form provided by the funding organization, and will be incorporated into the funding organization's Performance Agreement (contract).

8. Exceptions
All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any organization may be grounds for rejection of that organization's application. Funded organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising
In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding organization.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the organization will become the property of the funding organization when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Organization's Representative

Each organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the organization and answer questions or provide clarification concerning the application.

13. Subcontracting

Organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos.

14. Proprietary Information

Trade secrets or similar proprietary data which the organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding organization invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

16. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**
   The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on February 1, 2021: http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**
   The RFA along with Clinic Readiness Assessment will be posted on the Branch's website https://bcccp.ncdhhs.gov/ and may be sent via email to interested organizations beginning February 1, 2021.

3. **Bidder's Conference / Teleconference / Question & Answer Period**
   All prospective applicants are encouraged to attend a Bidder's Conference on Thursday, February 4, 2021 from 2:30pm – 4:30pm via conference call at 1-877- 873-8018 access code 2650829#. Please call in 10 minutes prior to the beginning of the call, so that a list of participants can be complied.

   Written questions concerning the specifications in this Request for Applications will be received by Tavonyia Thompson at Tavonyia.thompson@dhhs.nc.gov until 5:00 pm on February 10, 2021. As an addendum to this RFA, a summary of all questions and answers will be posted, by February 17, 2021, on the Branch's website http://bcccp.ncdhhs.gov.

4. **Notice of Intent (Optional-for tracking purposes only)**
   Any organization that plans to submit an application is encouraged to submit a Notice of Intent via email no later than 5:00 pm on February 22, 2021 to Tavonyia Thompson at Tavonyia.thompson@dhhs.nc.gov. Please include the following information in the Notice of Intent:
   - The legal name of the organization.
   - The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

   The Notice of Intent is non-binding.

5. **Applications**
   Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to tavonyia.thompson@dhhs.nc.gov . **Paper, mailed and faxed applications will not be accepted.**

6. **Space Allowance**
   Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

7. Format

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

8. Application Deadline

All applications must be received by 5:00 pm on Friday, March 19, 2021. Only emailed applications will be accepted (scanned original signatures are acceptable). Faxed or mailed applications will not be accepted. **The subject line must include the RFA number and the applicant organization name.**

9. Receipt of Applications

Applications from each responding organization will receive an email confirmation if application is received on time.

10. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the organization.

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000

Level 3: $500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

13. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

14. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the organization's 501(c) (3) tax-exempt status. (This letter normally includes the organization's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the organization's 501(c) (3) status. (An example of this page is provided in section *VIII.8 Verification of 501(c) (3) Status*.)

15. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

16. System for Award Management Database (SAM)

All grantees receiving federal funds must be actively registered in the federal government's System for Award Management (SAM) database, or be willing to complete the registration process in conjunction with the award (see www.sam.gov). To maintain an active SAM record, the record must be updated no less than annually.

17. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

a. A completed and signed letter from the organization's Board President/Chairperson identifying individuals as authorized to sign contracts. (A reference version appears in Appendix A.)

b. A completed and signed letter from the organization's Board President/Chairperson identifying individuals as authorized to sign expenditure reports. (A reference version appears in Appendix A.)

c. Documentation of the organization's DUNS number. Documentation consists of a copy of communication (such as a letter or email correspondence) from Dun & Bradstreet (D&B)

which indicates the organization's legal name, address, and DUNS number. In lieu of a document from D&B, a copy of the organization's SAM record is acceptable.

If your organization does not have a DUNS number, please use the D&B online registration (http://fedgov.dnb.com/webform) to receive one free of charge. (DUNS is the acronym for the Data Universal Numbering System developed and regulated by D&B.)

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

a. A completed and signed statement which includes the organization's Conflict of Interest Policy. (A reference version appears in Appendix A.)

b. A completed, signed, and notarized page certifying that the organization has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix B). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

18. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded $25,000 or more in federal funds. A reference version appears in Appendix A.

20. **Iran Divestment Act**

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

22. Application Process Summary Dates

02/01/2021: Request for Applications released to eligible applicants.
02/04/2021: Bidder's Conference / Teleconference.
02/10/2021: End of Q&A period. All questions due in writing by 5:00 pm.
02/17/2021: Answers to Questions released to all applicants, as an addendum to the RFA.
02/22/2021: Notice of Intent due. (OPTIONAL)
03/19/2021: Applications due by 5:00 pm.
04/06/2021: Successful applicants will be notified.
07/01/2021: Proposed contract begins.

VI. PROJECT BUDGET

Budget and Justification
Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification.

Narrative Justification for Expenses
A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

Travel Reimbursement Rates
Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the "Change in IRS Mileage Rate" memorandum to be found on OSBM's website when there is a change in this rate. The current state mileage reimbursement rate is 56 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in OSBM's North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here: https://www.osbm.nc.gov/library

Current Rates for Travel and Lodging

Meals	**In State**	**Out of State**
Breakfast	$8.60	$8.60
Lunch	$11.30	$11.30
Dinner	$19.50	$22.20
Total Meals Per Diem Per Day	*$39.40*	*$42.10*
Lodging *(Maximum rate per person, excludes taxes and fees)*	$75.10	$88.70
Total Travel Allowance Per Day	**$114.50**	**$130.80**
Mileage	$0.56 per mile	

Other Restrictions
* Funds may NOT be used for the purchase of FIT kits nor for lab processing of FIT kits.
* Funds may not be used to pay for full time equivalent (FTE) positions.
* Funds ($23,680) for colonoscopies are not eligible for indirect costs.

Audits
G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used. There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than $25,000
Level 2: At least $25,000 but less than $500,000

Level 3: $500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives, which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source. This RFA is funded by: This RFA is funded by the Centers for Disease Control and Prevention (CDC).

Indirect cost is allowed on the portion of the sub-award funded by the North Carolina Partnerships to Increase Colorectal Cancer Screening.

Where the applicant has a Federal Negotiated Indirect Cost Rate (FNICR), the applicant organization may request up to the federally negotiated rate. The total modified direct cost identified in the applicant's FNICR shall be applied. A copy of the FNICR must be included with the applicant's budget.

If the applicant does not have an FNICR, a 10% indirect cost rate (known as the *de minimis* rate) may be used on the total, modified direct cost as defined in 2 CFR 200.68, *Modified Total Direct Cost (MTDC)*, with no additional documentation required, per the U.S. Office of Management and Budget (OMB) Omni-Circular. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost should enter "No indirect cost requested" in the indirect cost line item of the budget narrative.

Note: Funds for positive stool test follow-up colonoscopies are NOT ELIGIBLE indirect costs.

Estimated portion of subaward funded by North Carolina Partnerships to Increase Colorectal Cancer Screening is as follows for each year:

Year	North Carolina Partnerships to Increase Colorectal Cancer Screening. Estimated Funds Available
1	$67,360 (Maximum of $33,680 for each of the two selected FQHCs)
2	$67,360 (Maximum of $33,680 for each of the two selected FQHCs)

VII. EVALUATION CRITERIA

The Application will be evaluated on how well it responds to the program objectives (Section III and Section VIII.3.). In addition, **Applicants must be able to complete a readiness assessment, which requires clinic level data, as well as track the distribution of stool-based kits and provide navigation services to positive stool-based tests**. The Readiness Assessment is available at Appendix A in the application packet. In addition, it is available for download at the Branch's website https://bcccp.ncdhhs.gov/.

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. Each content area shall be scored on a scale of 1 to 4 based on the scale below:

1	**POOR**	Applicant only marginally addressed the application area.
2	**AVERAGE**	Applicant adequately addressed the application area.
3	**GOOD**	Applicant did a thorough job of addressing the application area.
4	**EXCELLENT**	Applicant provided a superior response to the application area.

Each content area will be weighted and the score of 1 to 4 will be multiplied by the assigned weight of the content area. (If the content area has a weight = 10 and it is rated 4 (excellent) the total will be 40 points.) The highest total score is 100 points. The scoring procedure is described below:

1. **Determination of Need and Local/County/Regional Services:**
   Weight = 5, Total maximum points = 20
   Score distribution: 5 = poor; 10 = average; 15 = good; 20 = excellent.

2. **Capacity Statement/Sustainability:**
   Weight = 10, Total maximum points = 40
   Score distribution: 10 = poor; 20 = average; 30 = good; 40 = excellent.

3. **Strategic Plan:**
   Weight = 5, Total maximum points = 20
   Score distribution: 5 = poor; 20 = average; 15 = good; 20 = excellent.

4. **Readiness Assessment:**
   Weight = 15, Total maximum points = 20
   Score distribution: 15 = poor; 30 = average; 45 = good; 60 = excellent.

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

The following items must be included in the application in the following order:

1. __ **Cover Letter**

2. __ **Application Face Sheet**

3. __ **Applicant's Response/Form**

4. __ **Readiness Assessment**-which requires clinic level data, as well as track distribution of stool-based kits and provide navigation services to positive stool-based tests.

5. __ **Project Budget**
   Include a budget in the format provided.
   Indirect costs are allowed on non-medical funds only. Please refer to appendix or section VI for details on Indirect Cost

6. __ **Indirect Cost Rate Approval Letter** (if applicable)

   IRS Documentation:

7. __ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)

   Or

   __ **IRS Determination Letter Regarding Your Organization's 501(c) (3) Tax-exempt Status** (private non-profits)

   and

8. __ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter

The application must include a cover letter, on organization letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant organization
- the RFA number
- the Applicant organization's federal tax identification number
- the Applicant organization's DUNS number
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *The Cancer Prevention and Control Branch-NC PICCS*, including the signature of the individual authorized to sign "official documents" for the organization. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A382 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of organization: 2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4): 4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Organization Status (check all that apply): ☐ Public ☐ Private Non-Profit ☐ Local Health Department	
8. Organization Federal Tax ID Number:	9. Organization DUNS Number:
10. Organization's URL (website):	
11. Organization's Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed $500,000 for applicant's current fiscal year (excluding amount requested in #14) Yes ☐ No ☐	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

Determination of Need and Local/County/Regional Services – 2 pages 20 points

Briefly describe the organization's history. Describe the population of 50-75-year-old patients, health disparities, barriers to CRC screening. Describe the two (2) clinic locations that will be targeted to participate.

Resources and Capabilities – 8 pages 40 points

1. (5 points) Identify a dedicated team of at least 3 individuals for QI. Team must include a provider to serve as a champion for the program. Provide an estimated FTE of time allocated and skills and experiences of staff.
2. (15 points) Describe past and/or current efforts to improve CRC screening, including participation in the ACS CRC Quality Improvement Collaborative. Describe processes and/or tools used for CRC screening awareness with patients and staff.
3. (20 points) Describe how time will be dedicated to the work and what resources will be allocated to:
    a. Ensure the successful implementation of EBIs
    b. Collect and report clinic level data
    c. Improve data quality
    d. Provide reports
    e. Meet with NC PICCS team for practice facilitation and evaluation
    f. Provide patient navigation
    g. Build access to colonoscopy for FIT+ patients in the selected clinics
    h. Describe your current EMR and other information technology (IT) used for data reporting
    i. Are you able to pull your Universal Data System (UDS) report from the EMR or another IT system?

Strategic Plan – 1 page 20 points

1. Describe your capacity to continue to provide clinic level data to the NC PICCS team beyond the initial year of practice facilitation
2. Describe your capacity to sustain use of implemented EBIs, to implement additional EBIs and to document continued improvement in screening rates.
3. Describe your ability to sustain CRC quality improvement activities while handling other priorities that may arise.
4. Describe how incoming staff will be trained and assessed for competency in CRC screening practices and EBIs.

Readiness Assessment – Complete Readiness Assessment available at Appendix A to the fullest extent possible - 20 points

4. Readiness Assessment:

Attached to this RFA as Appendix A is a Clinic Readiness Assessment (Readiness Assessment- also available for download at the Branch's website: https://bcccp.ncdhhs.gov/). It must be completed to the greatest degree possible and returned with the RFA for the application to be complete and considered for funding. The Readiness Assessment must be completed for at least one of the clinic locations proposed in the response to the RFA. Preference will be given to FQHCs who provide the Readiness Assessment for two proposed clinic locations.

The Readiness Assessment allows the Cancer Prevention and Control Branch to identify health center clinic locations that are able to provide the level of data needed and that will benefit from assistance with quality improvement processes and data validation to increase colorectal cancer screening rates. Minimal requirements for participation include: a screening rate less than 60% at the proposed clinics, the ability to pull data for each individual clinic and the ability to devote staff time and effort to participating in the American Cancer Society (ACS) Quality Improvement (QI) Learning Collaborative (LC), monthly QI Learning Collaborative meetings and meetings with NC PICCS for additional EBI implementation support.

While it is not necessary to fully complete the Readiness Assessment, it should be filled out to the best of your ability. At a minimum, the following information should be provided in Readiness Assessment.

1. Primary Contact for quality improvement activities for at least 1 clinic location.
2. CRC screening rate (UDS definition): numerator, denominator and %.
3. Participation in an ACS QI Learning Collaborative (not a requirement). (year) (which LC) *[needs to be added to Clinic Baseline Readiness Assessment]*
4. EMR in use. Describe reporting capacity and level to which you can drill down: clinic level, provider level, care team level.
5. QI team infrastructure: Regular meetings, who attends, current priority areas *[needs to be added to Clinic Baseline Readiness Assessment]*

5. Project Budget

Provide a budget not to exceed $33,680 for for both clinic locations.

Year One Funding will begin July 1, 2021 and end June 29, 2022.
Year Two Funding will begin June 30, 2022 and end June 30, 2023.

The Branch anticipates awarding two contracts to FQHC Health Systems with two clinics each for a total award of $33,680 per Health System in year one. In year 2, the selected FQHC Health Systems are required to expand to two additional clinics for a maximum total of $33,680. Therefore, the total funds available for the two-year contract per FQHC are $67,360.

The $33,680 for each contract year includes fees for each FQHC Health System to participate in the ACS QI CRC Collaborative, enhance clinic infrastructure for quality improvement and EBI implementation. Pending Branch approval on a case-by-case basis, the funds may be used for patients who have a first-time positive stool test for follow-up (e.g., diagnostic) colonoscopies for asymptomatic uninsured or underinsured adults age 50-75 years who are screened for CRC by the two selected FQHC clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients. Clinics cannot pay more than the maximum Medicare reimbursement rate of $2,368 per colonoscopy.

Complete the information below and include in your application packet:

NC PICCS FQHC Clinic Location Contacts:

Proposed Clinic 1
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Proposed Clinic 2
Physical address:
Mailing address:
Name of Primary Contact or Team Lead: Name, Title
Phone number for primary contact:
Email for primary contact:

Complete the budget form below:

Item Description and Narrative	**Amount ($)**
Staff Time: ____ Hours X $___ per hour Narrative:	
Travel: Mileage: _____ miles X $0.56 per mile = $_____ Lodging: ____ nights X $75.10 per night = $_____ Per diem: $_____ X ___ days = $_____ Narrative:	
Colonoscopy charges: Max. allowed $23,680. Minimum # of screenings 10 Per screening charge may not exceed $2,368 Medicare rate	
Indirect Costs: (Note: Indirect costs are not allowed on colonoscopy charges)	
TOTAL (Not to exceed $33,680)	**$**

6. Attach Indirect Cost Rate Approval Letter (if claiming more than 10% de minimus indirect cost rate**)**

7. IRS Letter

Public Agencies:
Provide a copy of a letter from the IRS, which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:
Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

8. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____ ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

_____
(Signature)

Appendix A: Readiness Assessment

(Available for download at the Branch's Website: https://bcccp.ncdhhs.gov/)

CLINIC READINESS ASSESSMENT: Clinic Characteristics and Demographics

1. Your Health Center Organization: _____
2. Your Clinic Site: _____
3. Primary Contact Information

Name: _____

Title: _____

Email: _____

Phone: _____

4. Secondary Contact Information

Name: _____

Title: _____

Email: _____

Phone: _____

5. How many primary care facilities are within your health system? ___
6. Community Characteristics:

__ Urban (population of 50,000+)
__ Suburban (30-49% commuter flow to urban)
__ Large rural (population of 10,000 – 49,000)
__ Small town/isolated rural (population below 10,000)

7. Patient Population **for this clinic**:

a. Total patient population: _____ (required)
b. Total patient population between 50-75: _____ (required)

Optional data:

c. % of patients, age 50-75, women: _____
d. % of patients, age 50-75, uninsured: _____
e. % of patients, age 50-75, Hispanic: _____
f. % of patients, age 50-75, White: _____
g. % of patients, age 50-75, Black or African American: _____
h. % of patients, age 50-75, Asian: _____
i. % of patients, age 50-75, Native Hawaiian or other Pacific Islander: _____
j. % of patients, age 50-75, American Indian or Alaskan Native: _____
k. % of patients, age 50-75, More than one race: _____

8. Clinic Characteristics

a. Total number of primary care providers* in your FQHC: _____

b. Total number of primary care providers* at your clinic: _____

*Providers are internists, family practice, OB/GYN, nurses, nurse practitioners, and physician assistants.

9. Are there currently planned or ongoing quality improvement (QI) initiatives other than this one for CRC?

__ Yes __ Not at this time

10. If yes, provide a brief description of other QI initiatives. _____
_____
_____
_____

11. Do you currently have leadership support for a CRC QI project?

__ Yes __ No __ Not sure

12. Is there currently a champion for CRC screening internal to this clinic or to the parent health system?

__ Yes __ No __ Not sure

13. Does your clinic currently have a written CRC screening policy or protocol in place?

__ Yes __ No __ Not sure

14. If yes, for which do you have documented protocols? Check all that apply.

__ CRC screening orders __ CRC screening referrals
__ CRC screening results __ CRC screening refusal
__ CRC screening follow-up

15. What criteria are used to determine eligibility for CRC screening? Check all that apply.

__ Age
__ Risk (family history, other health issues)

__ Last completed screening result
__ Other: _____

16. Which of the following processes are used to identify patients due for CRC screening? Check all that apply.

__ Huddle reports/Pre-visit checklist
__ EMR alerts
__ CRC screening registry
__ None
__ Other: please specify _____

17. Is there a specific team member responsible for identifying patients due for screening?

__ Yes __ No __ Not sure

18. If yes, please describe this team member. _____
_____

CLINIC READINESS ASSESSMENT: Patient Visit

19. Which of the following CRC educational materials are available for patients? Check all that apply.

__ Brochures/handouts
__ Posters or fliers in patient areas
__ Other: please specify
__ Videos in waiting room
__ None

20. Do staff members routinely ask about previous CRC screenings if none are known or documented?

__ Yes __ No __ Not sure

21. Do staff attempt to obtain results for past screening tests?

__ Yes __ No __ Not sure

22. Which screening tests are recommended to your patients? Check all that apply.

__ FIT __ FIT-DNA __ Cologuard __ Colonoscopy
__ Other: _____

23. Which best describes the prevailing clinical decision-making process for CRC screening?

__ Colonoscopy recommended, stool test offered only if colonoscopy is refused
__ FIT-First policy, provider can override with colonoscopy if needed
__ Patient preference following review of available screening options

24. Is there a policy addressing patient refusal of screening?

__ Yes __ No __ Not sure

25. What patient education is provided to patients when recommending CRC screening? Check all that apply.

__ How to complete and return a FIT test

__ Who to contact to schedule a colonoscopy
__ Information about colonoscopy prep
__ Information about next steps after abnormal test results
__ None
__ Other _____

26. What team members are responsible for educating patients on how to complete a screening test?
_____

CLINIC READINESS ASSESSMENT: Post Visit

Screening referral, results tracking and follow-up processes

27. Does the clinic offer a fully navigated experience for patients who need help completing screening?
__ Yes __ No __ Not sure

28. If yes, please describe the staff who provide navigation (such as titles, number of FTE navigators)
_____
_____

29. Which of the following are navigators trained to address? Check all that apply.
__ Scheduling colonoscopies __ Reviewing prep instructions __ Coordinating transportation
__ What happens if patient is under/uninsured __ Information on specialists that providers refer to
__ Knowledge of wait times to receive colonoscopy __None

30. Is there a process in place for identifying and following up with patients who have not completed an ordered screening test?
__ Yes __ No __ Not sure

31. Is there a process in place for contacting specialists to confirm receipt of screening and to obtain a copy of the results (closing the referral loop)?
__ Yes __ No __ Not sure

32. If yes, describe the process.
_____
_____
_____

CLINIC READINESS ASSESSMENT: Documenting Patient Data

How the clinic captures data in order to track referrals and calculate reliable screening rates.

33. What EMR does the clinic use? _____

34. Does the clinic use any of the following population health or analytics platform overlays?
__ Tableau __ i2i __ AZARA __ Other: _____

35. Which of the following are documented in the EMR? Check all that apply.
__ Previous screening results __ Referrals for screening __Current results
__ Patient refusal __ Provider recommendation __ Follow-up needed

36. Is data on CRC screening history captured in clickable, structured data fields or in free text?
__ Structured data fields __ Free text

37. How are screening results from specialists entered into the EMR? Check all that apply.
__ Manually entered __ Scanned __ Imported __ Other: _____

38. Is there a standard procedure for documenting screening results from specialists into the EMR?
__ Yes __ No __ Not sure

39. Has a manual chart audit ever been conducted to validate EMR-generated reports?
__ Yes __ No __ Not sure

40. If yes, when was it done, and how did the manual audit compare to EMR reports? _____
_____
_____

CLINIC READINESS ASSESSMENT: Process Improvement

Current capacity to use EMR data for process improvement

41. Is the EMR regularly used for any of the following? Check all that apply.

__ Identifying patients due for screening
__ FIT test tracking
__Tracking referral to specialist
__ Pre-screen patient records to facilitate provider recommendation
__ None of the above

42. Does the clinic have the capacity to modify/configure the EMR to run specific reports as needed?

__ Yes __ No __ Not sure

43. Is the clinic currently able to generate the following reports? Check all that apply.

__ Stool tests distributed and returned
__ All colonoscopies referred vs. completed
__Follow-up colonoscopies referred vs. completed (those after +FIT)

44. At which level is the clinic able to drill down on screening rates? Check all that apply.

__ By individual provider panel __By care team
__ By individual clinic __ By insurance status
__Currently unable to drill down __ Other: _____

45. Which quality standards reporting systems does the clinic submit data to?

__ UDS __ HEDIS __GPRO __Other: _____

46. Which metric does the clinic use to report CRC screening data?

__ UDS __ NQF __Other: _____

47. What is your current CRC screening rate for your clinic?

48. Please describe how CRC screening data is currently used by the clinic for QI.

_____

CLINIC READINESS ASSESSMENT: Provider Assessment and Feedback

How the clinic evaluates provider performance in delivering or offering screenings and presents providers with information about their performance. A provider can be generalized to any clinical staff providing direct patient care.

49. Is a process in place to regularly assess the number of eligible patients who are receive a screening recommendation?

__ Yes __ No __ Not sure

50. Is a process in place to regularly assess the number of eligible patients who complete a CRC screening test?

__ Yes __ No __ Not sure

51. If yes to 44 or 45, at what level is the data being aggregated? Check all that apply.

__ Individual provider __ Clinic team __ Clinic site __ N/A

__ Other: _____

52. What format is currently used to provide CRC screening feedback to providers? Check all that apply.

__ Provider score cards __ Provider rankings __ Comparison to target rate __ N/A

__ Other: _____

53. How is quality data on CRC screening discussed with providers/clinic staff? Check all that apply.

__Written reports __ Interactive meetings __ N/A

__ Other: _____

54. Please provide examples of how QI is incentivized among providers.

_____

_____

_____

CLINIC READINESS ASSESSMENT: Provider Reminders

How providers are reminded that patients are due for CRC screenings.

55. How are providers alerted that a patient is due or overdue for CRC screening? Check all that apply.

__ EMR alert __ Manual flag/note on chart __ Verbally during huddles
__ No reminders or alerts __ Other: _____

56. If provider reminders are in place, provide a description of the process: how it is delivered, who receives the alert, what action is required to close the alert and so on.

_____

CLINIC READINESS ASSESSMENT: Patient Reminders

Patient reminders are letters, postcards, phone calls or other messaging systems that advise patients when they are due for screening.

57. Do patients receive alerts when they are due or overdue for CRC screening outside of a provider visit?

__ Yes __ No __ Not sure

58. If yes, how are patients reminded?

__ Letter/postcard __ Text message __ Phone call __ Portal message __N/A
__ Other: _____

59. If reminders are in place, how is the method used determined and what information is relayed to the patient?

_____
_____

60. If reminders are in place, describe the reminder process until the screening is completed, such as how many alerts will the patient receive, at what intervals, and so on.

_____
_____
_____

CLINIC READINESS ASSESSMENT: Reducing Structural Barriers

Structural barriers are non-monetary obstacles that prevent patients from accessing screening, such as transportation, language barriers, work schedules, childcare and other issues.

61. Is there a formal process in place for assessing obstacles to screening completion?

__ Yes __ No __ Not sure

62. If yes, describe the process.

_____

_____

_____

63. What barriers have been identified? Check all that apply.

__ Language/Culture __ Financial/Insurance __ Transportation

__ Medical System (wait times, clinic hours, multiple appointments, etc.)

__ Patient Education (health literacy, fear of test or diagnosis, low health priority, fatalism)

__ Support systems (childcare, elder care, social or practical support)

__ Other: _____

64. Are there efforts underway to reduce structural barriers for CRC screening?

__ Yes __ No __ Not sure

65. If yes, please describe.

_____

_____

_____

66. Name/credentials of person completing this form:

_____

67. Role of person completing this form:

_____

68. Date: _____

CLINIC READINESS ASSESSMENT: COVID-19 Impact

COV-1. As a result of COVID-19 did your clinic

__ Close for a week or more?

__ Reduce hours

__ Did not close or reduce hours

COV-2. If your clinic closed, for how many weeks was it closed? _____ (# of weeks)

COV-3. If your clinic reduced hours of operation, provide the number of hours reduced for the entire week. _____ (# hours each week)

COV-4. If your clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week. _____ (# days per week)

COV-5. How many weeks did the clinic operate at reduced hours? ____ (# weeks)

COV-6. How may weeks did the clinic operate with reduced days? __ (# weeks)

COV-7. Did COVID negatively affect your delivery of CRC screening and other diagnostic services?
___Yes ___No If No, SKIP to COV-8

COV-7a Clinic visits were restricted to sick patients, with limited or no preventive care available.
___Yes ___No

COV-7b Clinic Visits were limited to patients at highest risk for CRC or with symptoms of CRC. ___Yes ___No

COV-7c Clinic visits were telehealth/telemedicine only. ___Yes ___No

COV-7d Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services.

___Yes ___No

COV-7e Clinic could not refer patients with positive of abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services. ___Yes ___No

COV-7f Patients cancelled or didn't schedule appointments due to COVID concerns. ___Yes ___No

COV-7g Patients are fearful of getting COVID. ___Yes ___No

Any other comments or impacts?

COV-8. Did COVID affect your ability to implement evidence-based interventions (EBIs) or patient navigation? ___Yes ___No If no, skip to COV-9

COV-8a Did COVID negatively affect your ability to implement **Patient Reminders** for CRC screening? ___Yes ___No

COV-8b Did COVID negatively affect your ability to implement **Provider Reminders** for CRC screening? ___Yes ___No

COV-8c Did COVID negatively affect your ability to implement **Provider Assessment and Feedback** activities for CRC screening? ___Yes ___No

COV-8d Did COVID negatively affect your ability to **Reduce Structural Barriers** for CRC screening? ___Yes ___No

COV-8e Did COVID negatively affect your ability to conduct **Patient Navigation** activities? ___Yes ___No

COV-9 Any other comments or impacts?

_____
_____
_____

Thank you!

Appendix B Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;

2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:

   a. The Certification Regarding Nondiscrimination;
   b. The Certification Regarding Drug-Free Workplace Requirements;
   c. The Certification Regarding Environmental Tobacco Smoke;
   d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
   e. The Certification Regarding Lobbying;

3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;

4. [Check the applicable statement]

   ☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

   OR

   ☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.

5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

_____

Signature **Title**

_____

Contractor [Organization's] Legal Name **Date**

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:

   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   b. Establishing a drug-free awareness program to inform employees about:

      (1) The dangers of drug abuse in the workplace;

      (2) The Contractor's policy of maintaining a drug-free workplace;

      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and

      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);

   d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:

      (1) Abide by the terms of the statement; and

      (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;

f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Street Address No.1:

_____

City, State, Zip Code:

_____

Street Address No.2:

_____

City, State, Zip Code:

_____

3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

a. **The prospective lower tier participant certifies,** by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of $100,000.00 or more and that all subrecipients shall certify and disclose accordingly.

4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000.00 and not more than $100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for

additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Disclosure of Lobbying Activities
(Approved by OMB 0348-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract ☐ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	☐ a. Bid/offer/application ☐ b. Initial Award ☐ c. Post-Award	☐ a. initial filing ☐ b. material change **For Material Change Only:** Year_____ Quarter_____ Date of Last Report:_____

4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, (if known) Congressional District (if known)	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known)
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number (if applicable) _____
8. Federal Action Number (if known)	9. Award Amount (if known) : $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): (*attach Continuation Sheet(s) SF-LLL-A, if necessary*)	b. Individuals Performing Services (*including address if different from No. 10a.*) (*last name, first name, MI*): (*attach Continuation Sheet(s) SF-LLL-A, if necessary*)
11. Amount of Payment (*check all that apply*): $ _____ € actual € planned 12. Form of Payment (*check all that apply*): ☐ a. cash ☐ b. In-kind; specify: Nature _____ Value _____	13. Type of Payment (*check all that apply*): ☐ a. retainer ☐ b. one-time fee ☐ c. commission ☐ d. contingent fee ☐ e. deferred ☐ f. other; specify: _____

14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(*attach Continuation Sheet(s) SF-LLL-A, if necessary*):

15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No

16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No: _____ Date: _____
Federal Use Only	Authorized for Local Reproduction Standard Form - LLL

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts

I, _____, Board President/Chairperson of

_____ [Agency/Organization's legal name]

hereby identify the following individual(s) who is (are) authorized to sign **Contracts** for the organization named above:

Printed Name	Title
1.	
2.	
3.	
4.	

Reference only — Not for signature

Signature	* Title	Date

**** Indicate if you are the Board President or Chairperson***

Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contract Expenditure Reports

I, _____, Board President/Chairperson

of _____ [Entity's legal name] hereby identify the following individuals who are authorized to sign **Contract Expenditure Reports** for the entity named above:

Printed Name	Title

Reference only — Not for signature

Signature	* Title	Date

**** Indicate if you are the Board President or Chairperson***

CONFLICT OF INTEREST POLICY

Notarization of Conflict of Interest Policy

State of North Carolina, County of _____
I, _____, Notary Public for said County and State, certify that _____ personally appeared before me this day and acknowledged that he/she is _____
[title]
of _____
[name of organization]
and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the ____ day of _____, _____.
Sworn to and subscribed before me this _____ day of _____, 20___.

_____
Notary Signature and Seal
Notary's commission expires _____, 20 __.

Instruction for the Organization:
Sign below and **attach the organization's Conflict of Interest Policy** which is referenced above.

Reference only — Not for signature

_____
Signature of above named Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is

discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. **Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

_____
Name of Organization

_____
Signature of Organization Official

_____
Date

NO OVERDUE TAX DEBTS CERTIFICATION

State Grant Certification – No Overdue Tax Debts[1]

To: State Agency Head and Chief Fiscal Officer

Certification:
We certify that the _____
[Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

_____ [Name of Board Chair] and

_____ [Name of Second Authorizing Official] being duly sworn, say that we are the Board Chair and

_____ [Title of Second Authorizing Official], respectively, of _____

[Agency/Organization's full legal name] of _____ [City] in the State of _____ [State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Reference only — Not for signature	Board Chair	
	Title	Date
Reference only — Not for signature		
Signature	Title of Second Authorizing Official	Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

_____
Notary Signature and Seal

Notary's commission expires _____, 20 ___.

[1] G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

MS&NCD Form 0008, Eff. July 1, 2005. Revised July 18, 2006, 7/07, 8/09, 9/11

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

(1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.

(2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

(3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**

(b) [check **one** of the following boxes]

☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**

☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

1. Entities are **exempted** from the entire FFATA reporting requirement if **any** of the following are true:
   - The entity has a gross income, from all sources, of less than $300,000 in the previous tax year
   - The entity is an individual
   - If the required reporting would disclose classified information
2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is **required only if both** are true:
   - More than 80% of the entity's gross revenues are from the federal government **and** those revenues are more than $25 million in the preceding fiscal year
   - Compensation information is *not* already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:

The entire FFATA reporting requirement:

☐ as the entity's gross income is less than $300,000 in the previous tax year.

☐ as the entity is an individual.

☐ as the reporting would disclose classified information.

Only executive compensation data reporting:

☐ as at least one of the bulleted items in item number 2 above is not true.

Reference only — Not for signature

Signature _____ Name _____ Title _____

Entity _____ Date _____

B. Reporting

1. **FFATA Data** required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the *Federal Funding Accountability and Transparency Act* (FFATA).

Entity's Legal Name _____ Contract Number _____

☐ Active SAM registration record is attached
An active registration with SAM is required

Entity's DUNS Number _____

Entity's Parent's DUNS Nbr (if applicable) _____

Entity's Location		**Primary Place of Performance for specified contract** Check here if address is the **same** as Entity's Location ☐	
street address		street address	
city/st/zip+4		city/st/zip+4	
county		county	

2. **Executive Compensation Data** for the entity's five most highly compensated officers (unless exempted above):

	Title	Name	Total Compensation
1.			
2.			
3.			
4.			
5.			

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